



## Missouri Pharmacy Program – Preferred Drug List



### **Ace Inhibitors Calcium Channel Blocker Combinations**

***Effective 01/26/2005***

Revised 01/04/2006

#### **Preferred Agents**

Available Without Clinical Edits

- Tarka®
- Lotrel®

#### **Non-Preferred Agents**

Available with Clinical Edits

- Lexxel®

<b><u>Approval Criteria</u></b>	<b><u>Denial Criteria</u></b>
Failure to achieve desired therapeutic outcomes with documented trial period for 1 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented trial period for preferred agents	Therapy will be denied if no approval criteria are met.
Documented ADE/ADR to preferred agents.	
Documented compliance on current therapy regimen.	Drug Prior Authorization Hotline: (800) 392-8030.